

CSBG DISCRETIONARY (Disc.) CONTRACT BUDGET NARRATIVE

Contractor Name: El Dorado County Health and Human Services Agency	Contract Number: 16F-5531	Contract Amount: \$32,078	Date 6/28/2016
Prepared By: Maki Ganno	Contract Term: 6/15/2016-5/31/2017	Amendment Number: 1	
Telephone Number: (530) 642-4893	Fax Number:	E-mail Address: maki.ganno@edcgov.us	

Section 10: ADMINSTRATIVE COSTS

1. Salaries and Wages

- a. Department Analyst: Responsible for CSD Reporting, including Organization Standard and to improve integration of Community Action programs. 0.19 FTE, \$6,376.
- b. Program Manager: Responsible for part of Community Service Programs. Duties include review of Organization Standard report 0.05 FTE, \$1,097.
- c. Program Coordinator: Oversees Community Action Plan and Community Action Council. 0.1 FTE, \$1,517.

Total: \$8,990

2. Fringe Benefits

- Cellphone allowance and Deferred Compensation: \$30 -0.03% of Salary
- Retirement Plan (Cal PERS):\$2,004-22.3% of Salary
- Medicare: \$130 -1.45% of Salary
- Health Insurance: \$3,029-33.7% of Salary
- Long Term Disability: \$23 - 0.3% of Salary

Total: \$5,216

3. Other Cost

Indirect Costs: \$2,794. This includes agency admin and division admin. Agency Admin is all fiscal and administrative staff and associated operating costs that benefit the Health and Human Services Agency. These costs are pooled and equitably allocated, based on an approved indirect cost rate, between all four divisions of the agency. Fixed asset costs are removed from the calculation of the indirect cost rate and are covered by county general funds. The indirect cost rate is approved by the County Auditor-Controller's Office per OMB guidelines each fiscal year. Division admin include shared operating cost such as Utilities, Janitorial Supplies, Refuse Disposal and copy machine lease and other operating expense that is shared by Community Services Division which is allocated, not direct charged.

Total Other Cost, \$2,794

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SECTION 20: PROGRAM COSTS

6. Subcontractor/Consultant Services: \$15,078 to subcontractor to support operation of warming center in South Lake Tahoe and nomadic shelter in Placerville area.

Total Subcontractor/Consultant Services, \$15,078

CSBG DISCRETIONARY (Disc.) CONTRACT BUDGET SUMMARY

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Prepared By: Maki Ganno		Contract Term: 6/15/2016-5/31/2017	Amendment #: 1
Telephone #: (530) 642-4893		Fax Number:	
Date: 10/24/2016		E-mail Address: maki.ganno@edcgov.us	
SECTION 10: ADMINISTRATIVE COSTS			
Line Item			CSBG Disc. Funds (rounded to the nearest dollar)
1	Salaries and Wages		\$8,990
2	Fringe Benefits		\$5,216
3	Operating Expenses		
4	Equipment		
5	Out-of-State Travel		
6	Contract/Consultant Services		
7	Other Costs		\$2,794
Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total CSBG Disc. allocation in Section 40)			\$17,000
SECTION 20: PROGRAM COSTS			
Line Item			CSBG Disc. Funds (rounded to the nearest dollar)
1	Salaries and Wages		
2	Fringe Benefits		
3	Operating Expenses		
4	Equipment		
5	Out-of-State Travel		
6	Subcontractor/Consultant Services		\$15,078
7	Other Costs		
Subtotal Section 20: Program Costs			\$15,078
SECTION 40: Total CSBG Disc. Budget Amount (Sum of Subtotal Sections 10 and 20)			\$32,078
SECTION 70: Enter "Other Agency Operating Funds used to Support CSBG Disc." (INFORMATION ONLY)			
SECTION 80: Agency Total CSBG Discretionary Operating Budget (Sum of Section 40 and 70) (INFORMATION ONLY)			\$32,078
SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 40)			53%

CSBG DISCRETIONARY (Disc.) BUDGET SUPPORT -- PERSONNEL COSTS

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Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES

<u>A</u> No. of Positions	<u>B</u> Position Title	<u>C</u> Total Salary for each position	<u>D</u> Percent (%) of CSBG Disc. time allocated for each position	<u>E</u> Number of CSBG Disc. months allocated for each position	<u>F</u> Total CSBG Disc. Funds budgeted for each position
1	Department Analyst I/II	\$82,489	19%	5	\$6,376
1	Program Coordinator	\$58,786	10%	3	\$1,517
1	Program Manager	\$120,180	5%	2	\$1,098
Total (must match Section 10: Administrative Costs line item 1 on the CSD 627 Budget Summary form)					\$8,990

SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES

Total (must match Section 20: Program Costs line item 1 on the CSD 627 Budget Summary form)					

FRINGE BENEFITS

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs List CSBG Disc. funds Budgeted Line 2	Section 20 Program Costs List CSBG Disc. funds Budgeted Line 2
Cell phone allowance and Deferred Compensation	0%	\$30	
PERS	22%	\$2,004	
Medicare	1%	\$130	
Health Insurance	34%	\$3,029	
Long Term Disability	0%	\$23	
TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 627 (BUDGET SUMMARY)		\$5,216	

CSBG DISCRETIONARY (Disc.) BUDGET SUPPORT -- NON PERSONNEL COSTS

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Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

LIST EACH LINE ITEM Totals must match CSD 627 Budget Summary form Attach additional sheet(s) if necessary	CSBG Discretionary	
	Section 10 Administrative Costs	Section 20 Program Costs
List all Operating Expenses	3 sum should equal total on line item 3 of CSD 627 Budget Summary form	3 sum should equal total on line item 3 of CSD 627 Budget Summary form
List all Equipment Purchases	4 sum should equal total on line item 4 of CSD 627 Budget Summary form	4 sum should equal total on line item 4 of CSD 627 Budget Summary form
List all Out-of-State Travel: Name of conference; Specify location; Cost per trip	5 sum should equal total on line item 5 of CSD 627 Budget Summary form	5 sum should equal total on line item 5 of CSD 627 Budget Summary form
List all Contract/Consultant Services	6 sum should equal total on line item 6 of CSD 627 Budget Summary form	
List all Subcontractor/Consultant Services Warming Center (South Lake Tahoe) and Normadic Shelter (Placerville)		6 sum should equal total on line item 6 of CSD 627 Budget Summary form \$15,078
Other Costs - List each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary):	Section 10 Administrative Costs	Section 20 Program Cost
i Indirect Cost	\$2,794	
ii		
iii		
iv		
Total Other Costs (Sum of i, ii, iii, iv):	7 sum should equal total on line item 7 of CSD 627 Budget Summary form \$2,794	7 sum should equal total on line item 7 of CSD 627 Budget Summary form